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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) JUSTICE OPPORTUNITY STRENGTH HONOR PAC (JOSHPAC) 9856 Archer Ln ADDRESS (number and street) (Check if address is changed) Dublin 43017-8914 OH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS natalie@nkbaurassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00608505 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Natalie K. Baur Type or Print Name of Treasurer Natalie K. Baur [Electronically Filed] 05 19 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name	e of didate						
Par	ty Con	nmittee: (National, State					
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.	FEC ID number C					
	4.						

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Write or Type Committee Name	2	
JUSTICE OPPO	ORTUNITY STRENGTH HONOR PAC (JOS	SHPAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Team Josh		
	9856 Archer Ln	
Mailing Address	9000 Archer Eff	
	Dublin OH 43017-8914	4 –
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lead	ership PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZI	IP CODE
	Telephone number	
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Natalie K.	Baur	1
of Treasurer	9856 Archer Lane	
Mailing Address		
	Dublin 1 OH 143017-8914	4
		P CODE
Title or Position Treasurer	614 56	

Telephone number

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Full Name of Designated	Natalie K. Baur	, , I				
Agent	OCCO Assistant					
Mailing Address	9856 Archer Lane					
	Dublin OH 43017-8914 CITY STATE ZIP	CODE				
Title or Position Treasurer						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Fifth Third Bank					
Mailing Address	6260 Perimeter Drive					
	Dublin OH 43017					
	CITY STATE ZIP	CODE				
Name of Bank, D	Depository, etc.					
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , <u>, , , , , , , , , , , , , </u>				
Mailing Address						
	<u> </u>					
	CITY STATE ZIP	CODE				